

## BUSINESS LICENSE APPLICATION

Bring this completed form to the Code Compliance Office in Sturgis City Hall to obtain your license. If you want to submit your form online you may do so by visiting our website at [sturgis-sd.gov](http://sturgis-sd.gov).

Permanent businesses are those that can demonstrate 5 or more months of doing business in the Sturgis area, as defined by ordinance. There is no cost for a permanent business license. Temporary businesses are those that operate for less than 5 months. There is a \$25 annual registration fee for a temporary license. To apply for either a permanent or temporary license print this form, fill it out and deliver it along with your payment (if applicable) to the Code Compliance Office at 1040 2nd Street, Sturgis, SD 57785.

For questions or concerns regarding this application, please contact the City of Sturgis, Code Compliance Office at (605) 347-4422.

### BUSINESS INFORMATION

License Type:    ☐ Permanent Business (open 5 months or more per year) free.  
                      ☐ Temporary Business (open less than 5 months per year) \$25 fee applies.

State Registration Type:    ☐ Corporation        ☐ Partnership  
                                      ☐ Limited Liability    ☐ Sole Proprietor

Business Name: \_\_\_\_\_

If your business has operated under another name, please list: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Location if different than above: \_\_\_\_\_

Business Phone: (required) \_\_\_\_\_ Website: \_\_\_\_\_

Name of Manager if not owner: \_\_\_\_\_

Type of Location:    ☐ Commercial District    ☐ Mail Order or Internet Sales    ☐ Home Based

Description of Business:

- |   |   |  |
|---|---|--|
| <input type="radio"/> Restaurant (food only no alcohol) | <input type="radio"/> Bar & Food                                | <input type="radio"/> Bar (no kitchen) |
| <input type="radio"/> Banking/Financial                 | <input type="radio"/> Beauty Salon                              | <input type="radio"/> Medical/Health   |
| <input type="radio"/> Auto (sales/service)              | <input type="radio"/> Retail                                    | <input type="radio"/> Firearms         |
| <input type="radio"/> Real Estate                       | <input type="radio"/> Hotel/Motel                               | <input type="radio"/> Other _____      |
| <input type="radio"/> Daycare/Preschool # of kids _____ | <input type="radio"/> Nursing/Retirement Home # residents _____ |  |

Please provide details about the goods or services you provide: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Number of Employees at this location (not counting owner): \_\_\_\_\_  
SD Sales Tax License # (required): \_\_\_\_\_  
List all other licenses you hold: \_\_\_\_\_

**Sole Proprietor – complete the following:**

Owner Name: \_\_\_\_\_  
Owner Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
2<sup>nd</sup> Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**All Other Partnerships/Corporations – complete the following:**

Corporation Name: \_\_\_\_\_  
List Officers/Partners: \_\_\_\_\_  
Corporation Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tax ID# (EIN): \_\_\_\_\_  
Registered Agent: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**EMERGENCY INFORMATION**

In the event of a Police or Fire emergency, the information you provide assist us in contacting a responsible party after hours. Ideally, the first contact person should be able to respond to the business in a short amount of time and have the necessary keys or alarm codes to enter the building.

Primary Contact if other than owner listed above:

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
After Hours Phone: \_\_\_\_\_ Pager/Cell: \_\_\_\_\_

Secondary Contact:

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
After Hours Phone: \_\_\_\_\_ Pager/Cell: \_\_\_\_\_

Describe any toxic, explosive, or dangerous chemicals, liquids, or other materials that may be harmful to emergency responders: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Alarm Information:

Does your business have an alarm system?     ☐ Yes     ☐ No

If Yes, Monitoring Company: \_\_\_\_\_ Monitoring Phone: \_\_\_\_\_

Please download and print this form. Bring the completed form to the Code Compliance Office at Sturgis City Hall 1040 2<sup>nd</sup> Street. If you are a temporary business, you will also need to bring a check or cash in the amount of \$25.00.

A business license is not a Vendor Permit used for special events such as the Sturgis Motorcycle Rally. To obtain a Vendor Permit, contact City Hall at 605-347-4422.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_